

First Named

Inventor:

Francis J. Marentic et al.

Appln. No.:

10/721,589

Filed

November 24, 2003

For

IN-MOLD DIRECT DECORATIVE TRANSFER AND PROCESS

Docket No.:

I26.12-0003

Group Art Unit: 1774

Examiner: B. Shewareged

## **AMENDMENT**

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 I HEREBY CERTIFY THAT THIS PAPER IS BEING SENT BY U.S. MAIL, FIRST CLASS, TO THE COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, THIS

OH DAY OF

PATENT ATTORNEY

Sir:

This is in response to the Office Action mailed on October 18, 2005. Please amend the above-identified application as follows.

01/10/2006 SSESHE1 00000062 10721589

FC:2201

That

Date:

## Complete if Known 10/721,589 Application Number FEE TRANSMITTAL November 24, 2003 Filing Date For FY 2005 Francis J. Marentic et al. First Named Inventor 1774 Examiner Name ☑ Applicant claims small entity status. See 37 CFR 1.27 B. Shewareged Art Unit 126.12-0003 TOTAL AMOUNT OF PAYMENT (\$) 400 Attorney Docket Number METHOD OF PAYMENT (Check all that apply) ☐ Check ☐ Money Order □ None ☐ Other (Please Identify):\_ Deposit Account Name: Westman, Champlin and Kelly Deposit Account - Deposit Account Number: 23-1123 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Application Type Small Entity Small Entity Small Entity** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) 200 100 Utility 300 150 500 250 Design 200 100 100 50 130 65 80 Plant 200 100 300 150 160 Reissue 300 150 500 250 600 300 n Provisional 200 100 0 0 O 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 200 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 180 360 Multiple dependent claims **Total Claims** Fee Paid (\$) **Multiple Dependent Claims Extra Claims** Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 180 Indep. Claims Fee Paid (\$) Extra Claims Fee (\$) 400 - 3 or HP = 4 100 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets **Total Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 =(round up to a whole number) x <u>125</u> 0 = 0 4. OTHER FEE(S) Fee(s) Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. 30,214 Telephone: 612-334-3222 Signature (Attorney/Agent)

Name (Print/Type)

Z Peter Sawicki